

NOMENCLATURE AND CONSTITUTION

The Conference agreed that the name of the new body should be "World Medical Association". The French, Greek, and Spanish delegates desired to retain the name A.P.I.M., mainly for reasons of sentiment. Mr. Scott Stevenson, one of the observers on behalf of the American Medical Association, said that a good precedent had been afforded by the change from "League of Nations" to "United Nations". One delegate proposed "World Federation of Medical Associations", but it was pointed out that "federation" involved legal complications.

Some discussion took place on proposed functions of the new Organization. Dr. Routley was anxious that one of its tasks should be to assist and foster medical education, both undergraduate and postgraduate, but the President pointed out that this was approaching the scientific side which had been accepted as somewhat outside the province of the new body. Dr. Charles Hill described what the B.M.A. had already done for the furtherance of international medicine, in particular the arrangement for lectures, by invitation, at Continental centres. Dr. O. C. Carter mentioned the publication of the specialist quarterly journals and the introduction of the new medical abstracting service.

It was agreed that the members of the World Medical Association should be national medical bodies. The question was raised as to the existence in a given country of more than one medical association which might claim a national character. Dr. Cibré suggested that in that case the association which was the more representative should be selected. The criterion for admission might be that the membership of the association included more than 50% of the practising doctors in the country. In France there was only one association. Dr. Wibaut (Netherlands) pointed out the singular case of Palestine from which two associations were represented at that Conference—the Palestine Jewish and the Palestine Arab. Dr. Alfred Cox suggested that for the time being all who had been invited to attend the present Conference should be accepted as members, and that the membership question should be referred for permanent settlement to the committee which would be appointed. Dr. Decourt mentioned Switzerland, where there were three national groups which had combined to send one delegate to the present Conference. Dr. Leuch, the Swiss delegate, however, stated that there was only one medical association in Switzerland, the *Fédération des Médecins Suisses*.

A form of words suggested by Dr. C. Hill was agreed to:

"The Medical Associations which are represented by delegates or observers at this Conference shall be eligible for membership, together with any other national or territorial medical association making application which is representative of the medical profession in its country or territory."

It was the desire of some delegates that the matter of the subscription be referred to the provisional committee, but on the motion of Dr. Cibré the Conference agreed, by 18 to 11, to fix the subscription. It was fixed accordingly at half the rate which obtained for the A.P.I.M., namely, at 10 centimes Swiss per member of each national group, up to a total of 10,000 members, and 5 centimes per member above the first 10,000, with a maximum of 1,500 francs Swiss whatever the number of members in a group.

SECRETARIAT AND COMMITTEE

It was agreed that there should be two official languages in the Association—English and French—and that there should be a dual secretariat, in London and Paris. Dr. Charles Hill, secretary of the B.M.A., was appointed secretary in London, and Dr. Cibré, of the *Confédération des Syndicats Médicaux Française*, secretary in Paris, the appointments to be acting ones until the next Conference.

The Conference gave an ovation to Dr. Alfred Cox, a veteran of the A.P.I.M., who, notwithstanding his eighty years, had been as energetic as any in the work of the Conference.

MEDICAL SOCIETIES

The American Diabetes Association*

Reported by Dr. Lillian Chase, Toronto

Unexpected summer weather late in the season and a keen, interested membership combined to make the sixth annual session of the American Diabetes Association a happy pilgrimage to the place insulin was discovered twenty-five years ago. Among the several hundred in attendance were six diabetic physicians and one diabetic scientist. Three of these were on the program; R. D. Lawrence, M.D. of London, England; R. D. Katz, M.D. of New Orleans; and G. A. Wrenshall, B.Sc., Ph.D. of Toronto.

The first session which was open to the public in Convocation Hall was attended by many grateful diabetics and their relatives. The early history of insulin was outlined by Best. The first clinical trials of insulin, when a whole flask contained about ten units, were described by Walter Campbell. He reiterated his unchanging conviction that strict control was necessary in treatment of the diabetic. Russell Wilder of the Mayos reviewed twenty-five years of insulin from the clinician's viewpoint and Seale Harris of Alabama, author of a new book on Banting, gave an appreciation of insulin. Members of the Government and of the University as well as Dr. Harris McPhedran, past president of the C.M.A., also spoke.

The banquet and ceremony of presenting Banting medals in the Great Hall of Hart House had an international flavor. There were eight after dinner speeches, most of them unexpectedly interesting. Joslin told of owing his existence to a British reprieve. In Oxford, Mass., before the independence of the American colonies his great, great, great, great, great grandfather and ditto grandmother were charged and convicted of being witches. His "six-G." grandfather was hanged but since his "six-G." grandmother was enceinte there arose a legal doubt as to the rights of the unborn child. While waiting for a ruling on this point she received a reprieve from England; hence Joslin. In this same village of Oxford a complete survey is soon to be undertaken of every man, woman and child as to the presence of diabetes. Urinalyses and blood sugars are to be done. This is the first time such a study has been carried out.

Banting medals were presented to Lawrence of England who looked after the wartime problems of the diabetic in the United Kingdom; to Hagedorn of Denmark who added protamine to insulin; to Houssay of Argentina, leader in animal experimental work in diabetes; to Opie of United States who first described the pancreatic changes in diabetes. The original plaque from which the medals are designed was given to President Sydney Smith for the University of Toronto.

Most delegates were in their seats at nine in the morning to hear Frank Allen on Diet. After graduating from Toronto he spent some time in physiology with the late Professor Macleod before he went to the Mayo Clinic; now he is director of the medical section of the Lahey Clinic, Boston. His paper was cautious and non-controversial. He suggested giving between 100 and 250 gm. of carbohydrate, 70 to 100 gm. of protein and 50 to 100 gm. of fat; he said patients should not be fed too much.

* The University of Toronto, in conjunction with the American Diabetes Association, held celebrations in Toronto, on September 16, 17 and 18, to commemorate the 25th anniversary of the discovery of insulin.

In discussion, Lawrence who has himself taken insulin for twenty-four years, said diet was a human problem; you should make as few restrictions as possible, aim for a healthy but happy patient. He said, "perpetual, continuous, uncontrolled diabetes leads to trouble as the years go on". He considers low carbohydrate under 100 gm., moderate 200 to 250 and high 250 to 300; the only exceptions to this carbohydrate restriction are those doing strenuous, hard work. He gives about 70 gm. of protein (a diabetic could never get over 70 gm. in England in these days), and he gives 110 gm. of fat. On present rations the English diabetic cannot get over 300 gm. of carbohydrate. He divides his diabetics into the fat and the lean. Seventy per cent of diabetics are fat, and down must come their weight. He puts these on a diet of 100 carbohydrate, 70 protein, 70 to 80 fat; that is, about 1,200 calories. The weight comes down and the diabetes goes, the weight goes up and it comes back. It is wrong to give these fat ones insulin to balance the carbohydrate, the carbohydrate must be regularized.

Rabinowitch of Montreal spoke on Coma, he said his clinic had one death from coma in every 10,000 years of diabetic life. He said his clinic had the lowest diabetic death rate in the world. For fifteen years he has not taught his patients to test their own urine. He gives carbohydrate to his coma cases, but according to the tables shown, he does not give it for at least two hours and as late as nine hours after insulin has been administered. In discussion, Root of Boston said 3% of diabetic deaths all over the country are due to coma, and he said that patients hold it against the doctor if they are not taught to test their urine. He teaches them on the first visit. Formerly he gave 212 units of insulin in the first three hours of coma, now he gives 300 to 1,000 units; he gives four to ten litres of fluid. He feeds the patient as soon as he can swallow.

Beardwood of Philadelphia, continuing the discussion, said that protamine zinc insulin lessens acetone. Some say a patient can go into acidosis while on insulin by breaking diet, but he does not agree. If a patient is well treated with insulin he is hard to get into acidosis without infection or without leaving off insulin. He asked the question, "Why give glucose early in coma if you are losing all sorts of things when you lose sugar?"

Mosenthal of New York said the preceding diet makes very little difference as to whether coma comes on or not. The causes of coma are: infection, gastro-intestinal upset and alcoholism. There is acetone in normal urine but our tests do not show it, and it has no clinical significance. He thinks Rabinowitch's acetone figures showing frequency of acetone are too high; he himself sees 200 diabetics a week and only one acetone a month. Best suggested that the effects of a high protein diet be tried in a systematic manner in order to protect liver and kidneys.

Beverly Smith of New York, speaking on diabetic gangrene, said cutting corns of a diabetic and care of the feet should not be the rôle of a pseudo-clinical group, but that prophylactic advice should be given by a surgeon interested in this problem. At Presbyterian Hospital, the diabetic gangrene cases have a 45% mortality; if the patient lives he is a bed or a chair patient and does not get out to see the doctor, then he does not get proper care and lives only another two years. Amputation patients must be seen regularly regarding the other limb and the preservation of life. After amputation Dr. Smith takes a culture aerobically and anaerobically at the first dressing. Sulfa drugs and penicillin are ineffective without blood supply. Using a method devised by Dr. Edith Quimby, he injects radioactive sodium into the blood and checks its presence down the arteries of the leg by a modification of the Geiger counter which shows exactly how far down the blood vessels are patent. In amputation cases he tries for the least possible interference with collateral circulation, the least shock and, if possible, the preservation of the knee joint.

Scott of Toronto, speaking on the chemistry of insulin, said that insulin was the first hormone to be crystallized; this was done in 1929 by Abel of Johns Hopkins. Since the discovery of insulin much has been accomplished but many problems remain unsolved. No one has succeeded in isolating insulin from the blood; but he felt sure that light would be shed on these problems in the years that lie ahead.

Colwick from the Cori's laboratory at St. Louis gave a report of the work which for the first time showed the action of insulin in the absence of cells.

Soskin, formerly of Toronto, now of Chicago, spoke of the metabolism of food stuffs in experimental diabetes. He thinks insulin does not increase the oxidation of sugar.

Priscilla White of Joslin's Clinic, Boston, gave a comprehensive paper on "Pregnancy and diabetes". She has fifty diabetic women under her care all the time. She finds them deficient in other hormones besides that of the pancreas, and she supplements these. They are expensive; the cost is about \$300 per patient. Cæsarean sections are done on all cases; they used to be done the 37th week, now they wait till the 38th week.

On the last afternoon several five minute papers were given. Some of the speakers had obviously not practised with a stop watch but Katz had timed his to the split second; his delivery was like Walter Winchell's, and his material was interesting and wholly original. He gives ether to the gangrene cases, 25 c.c. in 1,000 c.c. of saline is slowly run in intravenously. It increases the peripheral circulation; the idea came to him when he was watching a postanaesthetic patient.

Good treatment of the diabetic can apparently be carried out in many different ways. This makes life interesting to the worker in the field but painful for the immature medical student. At graduation he knows that there is some difference of opinion about the optimum composition of the diabetic diet; that some coma patients have only saline intravenously while others receive both glucose and saline; that some physicians teach all patients over five years of age to test their urine frequently but others consider testing an affair for the doctor and not for the patient to worry about. He knows that some patients are confined to bed while being standardized but others are required to walk as much as four miles daily while getting their insulin and diet adjusted; that some physicians demand freedom from glycosuria, but that others state with great conviction and some statistics that showing sugar up to 100 gm. a day never hurt anyone. If the student has a submissive mind he will believe what his favorite teacher says and sneer at all who differ; but if he is of the type who pushes forward the frontiers of knowledge he will observe his patients, read the literature and gradually evolve his own rules in the years of practice that come to him.

No one is complacent about the state of diabetics today. The gangrene cases are tragic; possibly the development of gangrene is the patient's fault; he strayed from his diet. But why did he stray? Was the diet unsatisfying? Was it monotonous? Was the patient unaware of its importance? Did he wander away from his doctor? If he wandered who is to seek him and bring him back? Who is to gather in the straying diabetic? The physician's secretary? The public health nurse or the social service worker? These gangrene patients are costly. The expense of the nursing and institutional care they receive could pay the salary of someone who would visit, encourage and advise co-operation with the physician before the loss of the limb is inevitable.

Then there are the eye cases, cataracts and retinopathies. It is estimated that 10% of all blind people are diabetics. What causes retinopathies? Do they occur as frequently in the well cared for patient as in the self-indulgent one? Can anyone give a satisfactory answer to this?

Intelligent diabetics tend to do well no matter what school of teaching their treatment is carried out under, but the unintelligent, in addition to being a medical

problem, are behaviour cases too. Those who manage the big city hospital clinics see the hard-to-save diabetics. They seem to come for the outing and not for medical advice. They are a worry to their relatives, an expense to the country, a blot on the hospital's statistics and a drain on the doctor's optimism.

Can diabetes be prevented? If so how? By keeping the middle aged woman thin or by advising those with diabetic relatives to watch their weight?

These incidental problems do not blind us to the great advance marked by the discovery of insulin. Twenty-five years ago the young diabetic did not have a chance; now his life span is apparently very little affected by his disease if he is disciplined and co-operative.

LILLIAN A. CHASE

Canadian Physiological Society

The Tenth Annual Meeting of the Canadian Physiological Society was held in Toronto on October 25 and 26, 1946. The following titles and abstracts have been selected from the papers presented.

2. SWELLING OF BRAIN SLICES AND THE PERMEABILITY OF BRAIN CELLS TO ELECTROLYTES AND SUGARS.—K. A. C. Elliott, Montreal Neurological Institute, McGill University.

Brain cortex slices swell considerably in salt solutions isotonic with serum and appreciably even in four times isotonic solutions. In serum the swelling is much less marked.

Brain tissue behaves as if it is freely permeable to glucose, fructose and sucrose in the absence of electrolyte but, in the presence of small amounts of salt, the tissue cells seem to be completely impermeable to the sugars.

4. ABSENCE OF INSULIN EFFECT ON THE RATE OF GLYCOLYSIS IN BLOOD *IN VITRO*.—Allen Gold (introduced by R. Y. Noble), Research Institute of Endocrinology, McGill University, Montreal.

It has been shown that insulin has no effect on the rate of glycolysis in defibrinated blood of normal dogs and rabbits, nor in oxalated human diabetic blood. The object of the present study was to determine whether this non-effectiveness of insulin in blood *in vitro* is due to the red corpuscle membrane acting as a barrier between the hormone and the enzyme system or systems upon which it acts. Rate of disappearance of glucose was measured in normal rat, normal and alloxan-diabetic rabbit, and normal human blood, with cells intact and lysed with saponin, with and without the addition of insulin. Haemolysis causes a marked retardation of glycolysis which has been observed by numerous workers. In our study there was an increase in the "blood sugar" measured several hours following haemolysis followed by a slow decline. No insulin effect was observed in intact or haemolyzed, normal or diabetic blood.

5. THE FUNCTION OF GASTRIC GLANDULAR EPITHELIUM IN THE REPLACEMENT OF SURFACE EPITHELIUM OVER MINUTE SUPERFICIAL WOUNDS MADE IN THE MUCOSA OF CATS.—Rhoda Grant, Physiology Department, McGill University.

Studies have been made of the replacement of gastric surface epithelium over minute superficial wounds made almost parallel to the surface of the mucosa in cats. They support the earlier conclusion, based on observations of replacement following shedding of the surface cells as the result of exposing the mucosa to mild irritants, that parietal cells, before having been transformed into indifferent "foveolar" cells, are used in the initial stages of replacement.

8. THE TREATMENT OF AIR-EMBOLISM BY PROLONGED OXYGEN BREATHING.—H. Garfield Kelly and William C. Gibson (by invitation). Neurological Institute, McGill University, Montreal.

A case of air-embolism incurred through the induction of an artificial pneumothorax with subsequent con-

vulsions and coma lasting four days will be presented. The effectiveness of the over-night oxygenation used by the R.C.A.F. in the prevention of decompression sickness was successfully used in the treatment of this severe case of air embolism. Electro-encephalographic data will be presented covering the critical period in the patient's history.

9. HÆMOGLOBIN LEVELS IN CHILDREN AND YOUNG WOMEN.—H. J. Leeson (by invitation), W. W. Hawkins (by invitation), and E. W. McHenry, Department of Public Health Nutrition, University of Toronto.

In nutrition surveys hæmoglobin levels are frequently determined as a possible index of iron deficiency. There is a lack of agreement regarding "normal" levels. Data have been assembled from several surveys to show the distribution of hæmoglobin concentrations in "normal" groups of children and university women.

10. SOME ASPECTS OF THE PULMONIC ALVEOLAR EPITHELIAL CELL (EPICYTE) OF MAN AND LABORATORY MAMMALS.—Charles E. Macklin, University of Western Ontario Faculty of Medicine.

The appearance in microsections varies with condition at preservation, mode of fixation, plane of section and staining technique. In rare axial cuts, from perfusion-fixed material, it resembles a carafe, wedged in the alveolar wall between capillaries, with free ends, the larger of convex lens shape. In the usual oblique cuts it presents a wide variety of form. It is often overlooked, particularly in immersion-fixed lungs, because of obscuration by neighbouring tissue. It is frequently found in various degrees of detachment. Its collective mass is impressive. It is regarded as having phagocytic potencies.

11. AIRSICKNESS RESEARCH AT No. 2 C.I.U.—G. W. Manning and William C. Gibson (by invitation).

A description of the methods used to produce motion sickness, such as swings and elevators and aircraft, will be described. The relationship of head position and visibility to motion sickness on swings will be presented. Attempts at acclimatization to swing sickness by rotary gymnastics, an attempt at acclimatization by swings to the motion of aircraft at an Air Observers' School will be discussed. Clinical trials on certain drugs will be briefly mentioned.

12. STIMULATION OF THE RESPIRATORY CENTRES AND HYPOGLOSSAL NUCLEUS BY ESERINE AND ACETYLCHOLINE.—Frederick R. Miller, Department of Physiology, University of Western Ontario.

The floor of the fourth ventricle was exposed in the cat, decerebrated with the Sherrington Decerebrator. Eserine, 0.5 mgm. intravenously, induces extra respirations and tongue retractions, the latter slightly preceding the original respirations and occurring at the same rate. Acetylcholine (ACh.) 1:50 millions to 1:1 million, applied on a rectangle of spot test paper to the medullary floor, enhance respiratory and lingual effects; sometimes these concentrations induce convulsive lingual contractions; at other times an ACh. concentration of 1:50,000 may be required to induce the lingual convulsions. Effects on respirations are not due to concurrent blood pressure changes, which are insignificant. Respiratory and lingual effects are abolished and also precluded by atropinization. Repeated deglutitions usually follow Atrophine injection. Also, after Atrophine, deglutition may be induced by saline in the mouth, showing that the essential reflex arcs are still intact.

It is concluded that intravenous Eserine and ACh., locally, stimulate the respiratory centres. Further, it is believed that Eserine increases synaptic transmission into the XII nucleus, thus permitting irradiation to it from the respiratory centres, immediately beneath; ACh., locally, first augments this transmission; then, in slightly greater amounts, ACh., locally, excites intensely the synapses (already eseriniz) surrounding the motoneurons of the XII nucleus, thereby inducing the lingual convulsions.

13. CHANGES IN BLOOD LYMPHOCYTES FOLLOWING TRAUMATIC SHOCK.—Darrell D. Munro (by invitation) and R. L. Noble. Research Institute of Endocrinology, McGill University, Montreal.

Rats in which experimental traumatic shock is produced in the Noble-Collip drum show striking alterations in the number of circulating lymphocytes, both relative and absolute. Immediately after trauma in normal rats there is a sharp rise in the relative number of lymphocytes followed by a precipitous fall in the next six hours with a gradual return to normal levels in forty-eight hours. The decrease in lymphocytes closely parallels, both in time and degree, those reported by Dougherty and White following the injection of pituitary adrenotropic hormone and adrenal cortical hormone. These results have been compared with those occurring after identical amounts of trauma in rats which have acquired a resistance to the drum by being subjected to graded doses of trauma, and with adrenalectomized rats after trauma. Similar changes in the lymphocytes have been noted following the injection of a relatively non-toxic fraction obtained from inflammatory exudate.

22. WATER INTAKE AND MEMBRANE HARDENING IN FISH EGGS.—J. Manery Fisher, K. C. Fisher and E. Moore (by invitation) Departments of Biochemistry and Zoology, University of Toronto, Toronto.

Operators of fish hatcheries have known for a long time that, following fertilization in the water of streams, fish eggs increase in size and become hard. During the period required for the eggs to "set" they must not be agitated as they are quite susceptible to mechanical injury.

Interest in this process was aroused by an observation that certain small lakes in Western Canada, the water of which had a high salt concentration, would not maintain whitefish although these fish were periodically planted there. Experiments showed that such salty water prevented whitefish eggs from absorbing water and becoming hard.

A detailed study of these processes in trout eggs was then undertaken. The following facts have been established. (1) During the first hour after shedding trout eggs absorb sufficient water to produce an increase in weight of 25 to 30%. That this is an osmotic phenomenon was shown by the fact that salt solutions isosmotic with 1% sodium chloride solutions prevented the water entrance. (2) In lake water eggs became 60 to 70 times harder than freshly shed oviduct eggs. (3) Calcium ions are responsible for the hardness since a trace added to distilled water produces a hardness which is prevented if citrate is present.

23. THE INFLUENCE OF PROLONGED SUBCUTANEOUS ADMINISTRATION OF ACETYL CHOLINE ON THE INCIDENCE OF TUMOURS IN MICE.—W. R. Franks and M. M. Shaw (by invitation). Banting and Best Department of Medical Research, University of Toronto.

An inordinate number of tumours appearing in animals receiving prolonged administration of acetyl choline was reported by Hall and Franks, 1938. Following this finding an adequately controlled experiment with mice was set up. Over two hundred animals were studied with varying doses of acetyl choline, acetyl choline + Cortin, choline equivalent and saline, all given thrice weekly subcutaneously. The animals were followed to death and necropsied. Varying toxicity of the acetyl choline and control substances as compared with saline was found as judged by the survival rate. However, approximately 50% of all the animals survived over 200 days. There was no evidence of increased tumour incidence in any of the acetyl choline groups as compared with controls.

24. NEUROLOGICAL EFFECTS OF CENTRIFUGAL FORCE.—W. K. Kerr (by invitation). Institute of Aviation Medicine, R.C.A.F., Toronto.

The neurological effects of centrifugal force in man were studied in 542 subjects during 5,544 test runs at 2-10 G in the centrifuge at the Institute of Aviation Medicine, R.C.A.F., Toronto. As a measure of perform-

ance during exposure to centrifugal force, the reaction time for manual responses to visual and auditory stimuli was recorded for 7,853 stimuli during 626 tests at 2-8 G on 35 subjects, but it was not significantly increased, except for visual stimuli immediately before black-out.

As a result of exposure to increased G, however, convulsions frequently occurred, usually after loss of consciousness, (52% of 230 subjects had convulsions, in 40% of 591 tests producing unconsciousness). A small number of slight convulsions were noted in fully conscious subjects. Dreams were frequently experienced, usually in association with convulsions. Paresthesias, confused states, amnesia and more rarely, gustatory sensations were noted with black-out and loss of consciousness, either with or without convulsions. Incontinence was never observed.

Electroencephalograms taken from bipolar leads over the motor area of the cortex, during increased G, showed that alpha waves were replaced by high frequency, low-amplitude waves, in fully conscious subjects. With deep black-out and onset of unconsciousness, progressively slower waves, (8-2 per sec.) of higher amplitude (50-200 uV.) usually appeared and remained until shortly before consciousness was regained. This pattern was not altered by convulsions.

Considering the small difference in specific gravities of cerebrospinal fluid and brain tissue and their anatomical dispositions, it is unlikely that the neurological effects described in this paper are due to any mechanical action of increased positive G on the brain other than diminished cerebral circulation.

26. INFLUENCE OF SYMPATHETIC BLOCKING AGENTS ON THE INCIDENCE OF FATAL VENTRICULAR FIBRILLATION IN EXPERIMENTAL CORONARY OCCLUSION.—G. W. Manning and G. G. Caudwell (by invitation). Banting and Best Department of Medical Research, University of Toronto.

In previous reports from this laboratory it has been shown that the incidence of fatal ventricular fibrillation following sudden occlusion of the left circumflex branch of the left coronary artery in conscious dogs can be materially reduced by cardio-sensory denervation. Some decrease in mortality is also shown to occur when anti-spasmodics and coronary dilator drugs were used. These results have been confirmed by Gilbert and associates and others.

In view of the protective effects of cardio-sensory denervation further work has been carried out with Ergotamine tartrate and the more recent ergot derivative, DHE-45.

Results.—Although ergotamine tartrate was effective in inhibiting the onset of ventricular tachycardia and fatal ventricular fibrillation, few animals survived the 24 hour period, due possibly to the toxic effect of the drug.

In the DHE-45 experiments the toxic manifestations of ergotamine tartrate were not apparent. In this series 30% of the dogs (7 out of 23) died within the 24 hour period compared with 75% (18 out of 24) in the control group.

The possible mechanism by which fatal ventricular fibrillation is inhibited in these experiments will be discussed.

34. INFLUENCE OF ADRENAL CORTEX ON PROTEIN METABOLISM IN EXPERIMENTAL SHOCK.—C. G. Toby and R. L. Noble, Research Institute of Endocrinology, McGill University.

Experiments were performed to determine whether the increased protein destruction which follows trauma is mediated through the adrenal cortex. Adrenalectomized rats are much more sensitive to trauma than intact animals. Following relatively small amounts of trauma adrenalectomized rats may show an increased excretion of nitrogen. The blood non-protein nitrogen rises rapidly in some cases, although the response is inconsistent. There appears to be evidence that protein catabolism following certain types of damage is not controlled solely by the adrenal cortex.

Manitoba Medical Association

(Canadian Medical Association—Manitoba Division)

The annual meeting of the Manitoba Medical Association was held in the Royal Alexandra Hotel, Winnipeg, September 23 to 26, with Dr. P. H. McNulty as President. The visiting speakers: Dr. Wallace Wilson, Vancouver, President of the Canadian Medical Association; Dr. J. A. Dauphinee, Toronto; Dr. A. J. Elliott, Toronto; and Dr. Roy Huggard, Vancouver, were very welcome and their addresses contributed much to the success of the Convention. Dr. A. D. Kelly, Assistant Secretary of the C.M.A. was present throughout the meeting. At the public meeting in Grace Church on the 25th, Dr. Huggard stressed the curability of cancer.

The mornings were devoted to clinical sessions at the Winnipeg General, St. Boniface and Deer Lodge hospitals successively. At the latter hospital there was a demonstration of the remarkable results achieved in the management of paraplegics. The annual golf tournament was played on the picturesque Elmhurst course on Bird's Hill with Dr. N. W. Warner taking the Cup. The luncheon addresses were given by Mr. George M. McConnell, Vice-president of Manitoba Pool Elevators; Dr. Wallace Wilson, who was introduced as a native Manitoban, and Dr. H. H. Sanderson, Dean of Arts and Science of the University of Manitoba. Dr. P. H. McNulty was host at a dinner to the retiring Executive Committee at which Mr. Justice Dysart spoke of the medical man as a witness. The annual dinner and dance was revived after the war years. Diplomas were presented to past presidents and secretaries of the Association and to a former editor of the *Manitoba Medical Review*.

The election of officers resulted as follows: *President*—Dr. J. R. Martin, of Neepawa; *First Vice-president*—Dr. R. W. Richardson, Winnipeg; *Second Vice-president*—Dr. H. S. Evans, Brandon; *Secretary*—Dr. D. L. Scott, Winnipeg; *Treasurer*—Dr. H. M. Edmison, Winnipeg. *Urban member at large*—Dr. A. Hollenberg, Winnipeg; *Rural member at large*—Dr. W. H. Patterson, Holland.

The report of the Committee on Economics mentioned the formation of the Advisory Commission of the Manitoba Health Services Act, and the draft of a contract for municipal doctors. The chairman of Manitoba Medical Service, a voluntary prepayment scheme, reported that certain changes in new contracts are being made. The cost of laboratory procedures had been found too great in proportion to the other services. A ceiling of \$5.00 on laboratory tests has been set. The cost of office practice continues to be high. The Cancer Committee reported that there has been an appreciable intensification of some fields of work. The Legislative Committee reported that several meetings had been held with the Minister and Deputy Minister of Health regarding the bill to license naturopaths. The Legislative Assembly passed the bill in the belief that the licensing of some fourteen naturopaths would place them in the same category as the previously licensed osteopaths and chiropractors so that from then on the Basic Sciences Act could take full effect in the province and there would be no organized cults left to circumvent this act. Since the Basic Sciences Act has been in effect no chiropractors or osteopaths have applied for examination for licensure in Manitoba. The Committee on Maternal Welfare reported a maternal mortality of 2.0 per 1,000 live births in Manitoba in 1945, as compared with 3.1 in 1944.

ROSS MITCHELL

Ontario Medical Association (Toronto District)

The annual meeting of the Ontario Medical Association in the metropolitan district of Toronto, was held October 29 and 30. The business session had a larger attendance than usual. The officers of last year were re-elected: *Counsellor*—Dr. R. H. Malyon and *Vice-counsellors*—Dr. J. Z. Gillies and Dr. W. H. Butt.

Since October 1, the Province of Ontario has been paying five dollars to the physician making a single

prenatal examination if he fills in the Department form correctly. Dr. D. S. Puffer, Chief Medical Officer of Health of the Department of Health, said that of the first 300 reports received, about one-third of them were incomplete. In reply to a direct question, he assured the members that if a patient mistakenly assumes that she is pregnant, no fee is paid for her examination.

Courses for nursing assistants are now started at Hamilton and at Toronto. This is one of the courses where there is no over-crowding, 110 applicants were hoped for but 83 registered. They have a nine months' course, divided into three-month sections, lectures, hospital work, and supervised work in the home. Students are paid \$60 a month while taking the course. Fees they may charge on completion of training are to be set by the Department of Health.

Dr. E. J. Clifford, reporting for the University of Toronto Medical Alumni Association, spoke on arrangements for two months' postgraduate courses for those taking their Fellowship examinations, and a one-month refresher course for general practitioners. It is the aim of the Association to have information easily available for the visitor to Toronto as to what may be seen on hospital rounds and what lectures can be heard by the busy physician who has a few days or a few hours in the City.

Dr. E. M. Henderson reported on the hospital situation in the City of Toronto. The big problem is the care of the chronically ill and the convalescent. Additions to the Queen Elizabeth Hospital (for incurables) have been planned. General Hospital beds are 6 per 1,000 for active patients, which is about the average in New York and Chicago. Twenty-five per cent of these beds are occupied by non-residents of the City. The question is whether this is enough hospital accommodation in view of the large number of people in Ontario who belong to prepaid hospital schemes.

Dr. J. C. Meakins, Dean of Medicine McGill University, addressed the evening session on "Changing trends in practice". He spoke of the difficulty of keeping members of the non-clinical departments such as biochemistry and physiology contented everywhere in Canada while industry holds the lure of better salaries. As for the overcrowded medical curriculum, he thinks it has now reached its saturation point; for the first time something is being removed instead of added. Less detailed knowledge is demanded of the students in the fields of anatomy and ophthalmology. He discussed the difficulties and the suggested solutions for giving rural populations good medical service.

Dr. C. C. White of Chatham, president of the O.M.A., urged the members to become informed on what was happening in other Provinces. He said there is a widespread demand for some form of security so that the average family budget will not be wrecked by one lengthy illness. Does the profession wish to help form some plan? Others are eager to do it. The insurance companies are interested. Various co-operative societies feel capable of looking after this matter. What should the doctors do? The O.M.A. has sent out a questionnaire which gives everyone an opportunity to say what action the profession should take, or if it should take any.

This is the first time that a section of the O.M.A. has held a session outside the annual meeting. It is a departure that will certainly become a precedent.

LILLIAN A. CHASE

New Brunswick Medical Society

The Sixty-sixth Annual Meeting of the New Brunswick Medical Society was held this year in Saint John, October 1 and 2. For several years Saint John has not had the honour of entertaining the doctors of the province and after this rather long interval the Loyalist City did a very good job, proving that lack of practice has not dulled its gift of hospitality.

The scientific program provided the following papers:

(1) "Nephritis in general practice", by Dr. D. J.

Tonning, Saint John. Discussion, Dr. A. L. Donovan. (2) "Femoral vein ligation and dicumarol in treatment of thrombo embolic disease", by Dr. Gordon Donaldson, Boston, Mass. Discussion, Dr. D. A. Thompson. (3) "Management of difficult labour", by Dr. George Maughan, Montreal. Discussion, Dr. George White. (4) "Diagnosis of sub-diaphragmatic abscess", by Dr. A. L. Wilkie, Montreal. Discussion, Dr. J. R. Nugent. (5) "Ear, nose and throat problems in general practice", by Dr. Howard McCart, Toronto. Discussion, Dr. R. T. Hayes. (6) Round table discussion: (a) Medicine (Chairman), Dr. A. B. Walter. (b) Surgery (Chairman), Dr. George Skinner. (c) Obstetrics (Chairman), Dr. George White.

The Vanwart Golf Trophy was won by Dr. V. D. Davidson of Saint John.

The new chairman of the New Brunswick Workmen's Compensation Board, Mr. W. A. MacDougall was welcomed by the doctors with whom he will co-operate in board matters. Resolutions passed at the business sessions included the following:

1. That the Society strongly recommend that in all communities in New Brunswick pasteurization of milk be compulsory.

2. That the Society recommend to the Provincial Department of Health that cancer be made a notifiable disease.

3. That the Society recommend to the Provincial Department of Health that all tumour tissue sections from all parts of the Province be examined by the Provincial pathologist free of charge.

4. That the Society recommend to the Motor Vehicle Branch that a certain group of motor vehicle serial numbers be allocated to the Doctors of the Province.

The social side of the convention began with the president's reception at the Admiral Beatty Hotel on Monday evening when the president Dr. E. W. Lunney and Mrs. Lunney assisted by the President of the Saint John Medical Society, Dr. J. K. and Mrs. Sullivan welcomed the members and guests. On Tuesday evening the annual dance and reception was held at the Riverside Golf and Country Club. The ladies' entertainment was highlighted by a tea and fashion show on Tuesday afternoon at the Y.W.C.A. This proved to be a happy innovation enjoyed by many. The annual luncheon on Wednesday was as usual a greatly enjoyed feature at which guests of honour included Dr. Wallace Wilson, president of the C.M.A., Dr. A. D. Kelly assistant secretary of C.M.A., Dr. J. A. Melanson of the Department of Health and Mr. W. A. MacDougall, Chairman of the Workmen's Compensation Board. Attendance was 210, which included 86 ladies.

The election of officers for 1946-47 resulted as follows: *President*—Dr. W. S. Fitzpatrick; *First Vice-president*—Dr. D. A. Thompson; *Second Vice-president*—Dr. G. E. Chalmers; *Treasurer*—Dr. A. L. Donovan; *Secretary*—Dr. F. C. Jennings; *Executive Committee*—Dr. J. J. McPherson, Campbellton; Dr. E. O. Thomas, St. Stephen; Dr. W. R. Wright, Fredericton; Dr. E. F. Wolverton, Woodstock; Dr. P. M. Atkinson, Moncton; Dr. Geo. Skinner, Saint John; Dr. M. Veniot, Bathurst; Dr. D. Albert, Edmundston; Dr. R. B. McKenzie, Newcastle.

C.M.A. Executive Committee; Dr. A. F. Vanwart. *Alternate*; Dr. Geo. Skinner.

Divisional representative C.M.A., Editorial Branch; Dr. A. S. Kirkland.

La société médicale des hôpitaux universitaires de Québec

Séance de la société médicale des hôpitaux universitaires de Québec, le 4 octobre.

LE DRAINAGE DANS LES INFECTIONS D'ORIGINE APPENDICULAIRE.—Michaud, J.-T.

Question complexe sur laquelle la littérature chirurgicale courante contient peu de points bien définis. Ce travail condense l'expérience des chirurgiens, les notes

des divers traités de technique opératoire et la compilation de 2,000 cas d'infection d'origine appendiculaire traités à l'Hôtel-Dieu de Québec de 1941 à 1946.

Plutôt sur la réserve en ces dernières années, plusieurs chirurgiens croient que l'abstention a amélioré considérablement les suites opératoires et diminué les complications. Mais c'est une question fort discutée et discutable, les complications pouvant être le fait de l'infection seule, même sans drainage.

On draine en présence d'une grande quantité de pus libre, dans un abcès et si on ne peut tarir un suintement sanguin. Mais alors, c'est plus un tamponnement qu'un drainage et ce n'est pas le sujet qui nous préoccupe. La péritoine, seul, peut s'accommoder de beaucoup d'infection. En prenant pour comparaison la température, celle-ci, après fermeture sans drainage, est redevenue normale après 5.73 jours dans les cas d'appendicite aigue simple, en 5.9 jours s'il y avait du liquide séro-purulent et des fausses membranes, 6.0 jours dans les gangrènes appendiculaires. On ne drainera donc pas si l'appendice n'est pas rupturé ou s'il se brise durant son extériorisation, ni dans les cas de perforation récente avec un exsudat peu considérable.

Les résultats ont été sensiblement égaux avec les gazes blanches ou iodoformées, dans les péritonites. La meilleure association semble être celle des gazes blanches avec les drains cigarettes, enlevés avant les gazes. Si la chose est possible, on doit drainer à travers une nouvelle incision en coup de poignard, soit dans le flanc, soit sus-pubienne.

Il reste indéniable qu'il est très difficile dans cette matière d'avoir des points de comparaison identiques. L'infection ne se classe pas en degrés ou en pourcentage. Même si cela était possible, il resterait toujours, dans les réactions, toute la multiplicité des apports de l'individuel.

CANCERISATION DU MOIGNON DU COL UTÉRIN APRÈS HYSTÉRECTOMIE SUBTOTALE.—Saint-Arnaud, G.

Après quelques considérations sur le cancer du col en général, 16 cas de cancer du moignon du col admis et traités à l'Hôtel-Dieu depuis 10 ans sont présentés. Les difficultés du traitement et les moins bons résultats du traitement du cancer du col restant que du cancer du col en général sont démontrés. On compare les données de la littérature sur le pourcentage de cols restants qui deviennent cancéreux avec la différence de mortalité qui existe entre l'hystérectomie totale et subtotale. De cette comparaison on conclut à la généralisation de l'hystérectomie totale comme prévention de la cancerisation du moignon restant.

LE CURARE EN MÉDECINE.—Hudon, F.

Le curare "Intocostrin Squibb" ou son principe actif le chlorure de tubocurarine excite beaucoup l'intérêt des cliniciens. On l'emploie dans l'électrochoc pour prévenir les complications, dans les paralysies spasmodiques pour faciliter l'entraînement musculaire et dans la poliomyélite antérieure aigue pour calmer la douleur et faire les exercices. Il sert de moyen de diagnostic dans la myasthénie, comme traitement dans la dysménorrhée et dans le hoquet. Nous en étudions l'effet dans les spasmes des muscles involontaires, dans les contractures du col utérin et comme test avant l'opération de Cotte. Pour s'en servir il faut avoir à sa portée un appareil pour faire la respiration artificielle sous pression positive.

Séance de la société médicale des hôpitaux universitaires de Québec, le 18 octobre 1946.

CONSIDÉRATIONS SUR LA POLIOMYÉLITE.—Caron, S. et Martin, C.-A.

Ces considérations sont un aperçu sommaire de l'épidémiologie, une mise en liste des principales difficultés rencontrées dans l'étude de la maladie tant au laboratoire qu'en clinique, une évaluation des facteurs pouvant intervenir dans l'immunité, un exposé du polymorphisme clinique et du problème diagnostique.

A l'occasion d'une observation présentée, on ajoute des commentaires sur le rôle étiologique de l'infection dentaire, sur l'importance diagnostique de la ponction lombaire et sur l'inefficacité des traitements.

PÉNICILLINE ET SYPHILIS NERVEUSE.—Larue, G.-H. et Pelletier, A.

La pénicilline qui a une action maintenant prouvée sur les syphilis primaire et secondaire, agit aussi indiscutablement sur la syphilis nerveuse. Administrée seule ou associée aux arsénicaux pentavalents et la pyrétothérapie chez quatorze paralytiques généraux, son action se traduit: 1ère—Par une baisse plus rapide qu'à l'ordinaire du nombre des éléments et de l'albumine dans le L.C.R.; sur le Wassermann, action plus tardive. 2ème—Amendement des symptômes mentaux même lorsqu'administrée sans autres médicaments. 3ème—Le pourcentage des rémissions complètes et des améliorations, est de beaucoup plus élevé qu'avec les traitements usuels, pentavalents et pyrétothérapie employés seuls.

Conclusions.—Doit être administrée dans tous les cas de syphilis nerveuse, principalement comme traitement d'attaque, vu son action rapide; suivie ou même simultanément avec la pyrétothérapie. Puis pentavalents. Les doses de pénicilline devraient atteindre 6,000,000 d'unités au moins. Peut être employée lorsque les autres traitements sont contre-indiqués comme chez les gens âgés, ou ceux porteurs de lésions physique, cardiaque ou autres. En résumé, c'est un adjuvant précieux dans le traitement des syphilis nerveuses.

SYNDROME DE KORSAKOFF ET GLIÔME CÉRÉBRAL.—Caron, S.

L'auteur rapporte une observation où il a été frappé par l'évolution simultanée et indépendante de deux affections du système nerveux, l'une intéressant le système nerveux central proprement dit, l'autre le système nerveux périphérique, sur lequel s'étaient greffés des troubles psychiques, et deuxièmement par la mort presque subite du sujet, mort d'allure cardiaque dans sa phase terminale et d'allure cérébrale dans sa phase initiale.

Porcupine District Medical Society

The regular monthly meeting of the Porcupine District Medical Society was held in the McIntyre Lounge on Saturday evening, November 2.

The speakers were Dr. J. McClelland, Professor of Urology, University of Toronto, an authority on renal tuberculosis. Dr. H. S. Coulthard, staff consultant on tuberculosis at Weston Sanatorium. Dr. W. Taylor, in charge of miners' chest clinic, Timmins and Dr. John Lewis, eye specialist, Timmins. Dr. Clare Brink, Director of Department of Tuberculosis Prevention, had arranged the symposium and discussed the T.B. menace in Ontario.

Dr. McClelland discussed T.B. infections of the kidney. The most effective cure is not to get it. T.B. of the kidney and urinary tract follows T.B. somewhere else—mostly in the chest. He referred to many cases of one kidney being removed and the patients alive and well many years afterward. He emphasized the seriousness of T.B. infection and how every effort should be made to eradicate it from mankind.

Dr. Coulthard spoke on the incidence, the symptoms and x-ray findings of bone and joint tuberculosis. He emphasized the treatment being rest in sanatorium with rest to the joint which may be a plaster cast or a splint or extension or something in the joint to keep it still. He pointed out that the original lesion is mostly in the chest, showing the importance of finding T.B. early.

Dr. W. Taylor, who has access to over one-half a million chest films emphasized the importance of the general practitioner in diagnosing tuberculosis.

Dr. John Lewis discussed the rare but alarming condition of T.B. of the eye. Fortunately these cases are rare and many respond to treatment. He also spoke briefly on T.B. infection of the ear.

Dr. Clare Brink brought the appreciation of the Department of Health of the local society's efforts in arranging the symposium. He has always been alarmed at the high incidence of tuberculosis in the Porcupine Camp. He was delighted with the mass survey held recently. From 11,000 patients only three entirely new cases were discovered. He stated that one-third of the people in Ontario consult their doctors each year but still T.B. is not detected satisfactorily. It is so insidious and is often active with few symptoms. He considered mass surveys important. They find new cases, prevent further spread, educate the people towards examination and make great contributions toward the happiness and well-being of the public in whose interest all the profession must serve.

Dr. Coulthard stated in discussion that pregnancy must be preserved in the vast majority of cases with pulmonary tuberculosis. Interesting that with the splinting of the diaphragm it is often found that a chest of a pregnant patient improves.

An excellent motion of thanks was moved by Dr. Armitage and seconded by Dr. Boutin.

Refreshments were served, and the meeting adjourned at the call of the chair.

Southern Interior Medical Society (B.C.)

The 25th Annual Meeting of the Southern Interior Medical Society was held at Penticton on October 4.

During the afternoon session, scientific papers were given by Dr. Ethlyn Trapp and Dr. Karl Haig of Vancouver. Various matters of interest were dealt with by Dr. E. J. Lyon, district representative on the Council of the College of Physicians and Surgeons, and by Dr. A. J. MacLachlan, Registrar of the College. Dr. Ethlyn Trapp, President of the British Columbia Medical Association, and Dr. M. R. Caverhill, the Executive Secretary, also discussed matters of general interest to the profession.

Features of the evening session, which took the form of a mixed banquet, were addresses by Dr. A. E. Archer, Dr. R. W. Irving, and Dr. D. W. Johnstone. Dr. Irving gave an able résumé of the past 25 years of the Association's history. Dr. A. E. Archer presented the "Present status of medical economics in Canada", and Dr. Johnstone discussed the D.V.A. "Family doctor scheme".

Elections placed the following in office: *President*—Dr. T. W. Sutherland, Revelstoke; *Vice-president*—Dr. H. J. Alexander, Vernon; *Secretary-treasurer*—Dr. H. E. Hamer, Revelstoke.

Victoria Medical Society

The annual meeting of the Victoria Medical Society was held on the evening of October 7. Attendance was good and the meeting was marked by the presence of a large number of new members who have recently been discharged from the Armed Forces and have taken up practice in Victoria.

Elections placed the following in office for the ensuing year: *President*—Dr. D. M. Baillie; *Vice-president*—Dr. W. E. M. Mitchell; *Honorary-secretary*—Dr. L. W. Bassett; *Honorary-treasurer*—Dr. E. L. McNiven.

During the evening the meeting was addressed by Dr. A. E. Archer, Consultant in Economics of the Canadian Medical Association, and by Dr. Ethlyn Trapp, President of the British Columbia Medical Association.

East Kootenay Medical Association

The East Kootenay Medical Association held its annual meeting at Cranbrook on September 30. Attendance was excellent and the program interesting. Visiting speakers were Dr. Ethlyn Trapp, President of the British Columbia Medical Association, Dr. A. E. Archer, Consultant on Economics of the Canadian Medical Association, Dr. D. W. Johnstone of the Department

of Veterans' Affairs and Dr. M. R. Caverhill, Executive Secretary of the College of Physicians and Surgeons of British Columbia.

The following officers were elected: *President*—Dr. T. J. Sullivan, Cranbrook; *Vice-president*—Dr. M. McRitchie, Fernie; *Secretary-treasurer*—Dr. W. O. Green, Cranbrook; *Representative to the Board of Directors of the British Columbia Medical Association*—Dr. F. W. Green, Cranbrook.

West Kootenay Medical Association

The annual meeting of the West Kootenay Medical Association was held at Trail, B.C., on October 2. Elections placed the following in office for the ensuing year: *Honorary-president*—Dr. W. A. Coghill, Trail; *President*—Dr. N. E. Morrison, Nelson; *Vice-president*—Dr. W. Leonard, Trail; *Secretary-treasurer*—Dr. W. Laishley, Nelson.

Dr. N. E. Morrison was also appointed as representative to the Board of Directors of the British Columbia Medical Association, and Dr. F. M. Auld of Nelson, as representative to the Committee on Medical Economics of British Columbia.

At the same meeting scientific papers were given by Dr. Ethlyn Trapp on "Cancer of the skin", and Dr. Karl Haig on "Shoulder injuries". Dr. A. E. Archer, spoke on "Present trends in medical economics in Canada". Dr. D. W. Johnstone of the Department of Veterans' Affairs outlined the "Family doctor scheme" of the Department of Veterans' Affairs. Dr. Ethlyn Trapp, President of the British Columbia Medical Association, and Dr. M. R. Caverhill, Executive Secretary, dealt with some problems pertaining to the Provincial Association.

Calgary Medical Society

The regular monthly meeting of the Calgary Medical Society was held at the Colonel Belcher Hospital on October 5. The members unanimously re-affirmed the resolution submitted to the City Council's Hospital Board last spring "that a new hospital should be built as soon as possible on the Lougheed site, as outlined by the Summerville report". The members also pledged their support to the tuberculosis x-ray survey of the citizens of Calgary.

Two case reports were presented by members of the staff of the Colonel Belcher Hospital. The first was a patient with paraplegia who can walk now after care received under the Department of Veterans' Affairs. He was trained in the control of his bladder and rectum and with the development of active muscles, so that with proper braces and crutches he can now resume his prior occupation of banking. The second patient had a generalized melanotic sarcoma without pigmentation.

Edmonton Academy of Medicine

The October meeting of the Edmonton Academy of Medicine was held in the Medical Building of the University of Alberta, on Wednesday, October 2, 1946. Papers were presented by Dr. C. B. Rich and Dr. W. C. Whiteside, of Edmonton. Dr. Rich gave "A review of 150 cases of pneumonia", and Dr. Whiteside a paper on "Recent advances in thoracic surgery". Both papers were well illustrated with lantern slides.

Vegreville District Medical Society No. 9

A meeting of the physicians of Vegreville on October 16, 1946. Sixteen doctors from Vegreville and adjacent towns were in attendance.

The guests were: Dr. Harold Orr, President of the Canadian Medical Association, Alberta Division; Dr. D. R. Easton, Chief Medical Adviser, Department of

Veterans' Affairs, Edmonton; Dr. W. C. McKenzie, surgeon, of Edmonton; Dr. M. Cantor, Associate Professor of Biochemistry, University of Alberta; and Dr. W. Bramley-Moore, Secretary of the Canadian Medical Association, Alberta Division.

Dr. Bramley-Moore opened the meeting and called on Dr. Harold Orr to address the meeting. He briefly outlined the present organization of medical men in Canada, and stated that the final step in the organization was that of having properly organized district medical societies. These were essential to any strong organization. One of the objects of the present meeting was to elect local representatives and to outline some program of future meetings. The following were elected: *President*—Dr. A. Couillard, Vegreville; *Vice-president*—Dr. C. W. Stephens, Vermilion; *Secretary-treasurer*—Dr. Y. Yoneda, Vegreville; *Representative to the board of directors*—Dr. R. M. Reid, Vegreville.

Dr. M. A. R. Young, of Lamont, member from Northern Alberta on the Council of the College of Physicians and Surgeons of Alberta, briefly outlined the progress of health insurance in Manitoba, with the setting up of municipal contracts. He said that he felt some common contract scheme might well be considered for the Province of Alberta. He outlined also the health insurance development in the Province of Saskatchewan.

Dr. Walter MacKenzie, of Edmonton, presented a brief paper illustrated with lantern slides on "Anorectal lesions". This paper was of much interest and of very definite value. Dr. M. Cantor discussed "The use of hormones in menstrual disturbances". Dr. Cantor concisely summarized the use of hormones in controlling profuse bleeding and amenorrhœa.

CORRESPONDENCE

Transfusion in Erythroblastosis

To the Editor:

In his recent article on "Effect of antenatal conditions on the newborn child" (*Canad. M. A. J.*, 55: 327, 1946), Dr. Leonard G. Parsons incorrectly ascribes to me the statement that simple transfusion therapy with Rh-negative blood will prevent sequelæ of kernicterus in erythroblastosis.

As a matter of fact, I have repeatedly pointed out in my articles that simple transfusion therapy is not the entire answer to erythroblastosis (Wiener, A. S. and Wexler, I. B.: *Am. J. Clin. Path.*, 13: 393, 1943, Case 6), and therefore suggested the use of exsanguination transfusions (Wiener, A. S., Wexler, I. B. and Gamrin, E. L.: *Am. J. Dis. Child.*, 68: 317, 1944). In the hæmolytic anæmia type of this disease, the results are excellent, the blood acting as simple replacement therapy, and the infants recover completely without sequelæ. Patients with icterus gravis are not benefited by this treatment, on the other hand. The reason is that Rh antibodies may produce one of two effects in the infant's body: (1) intravascular hæmolysis, which can be counteracted by transfusions, and (2) intravascular clumping (agglutination or conglutination), which is not influenced by transfusions. The blockage of the circulation to the liver and brain account for the finding of kernicterus (Wiener, A. S.: *N.Y. State J. Med.*, 46: 912, 1946; Wiener, A. S. and Brody, M.: *Science*, 103: 570, 1946).

By exsanguination transfusion, kernicterus can be prevented, provided that this is carried out early enough and before irreversible damage has been done. With the aid of routine antenatal tests for the Rh factors and Rh antibodies, it is possible to determine accurately which infants may be expected to be affected with erythroblastosis. Since exsanguination transfusion removed all the infant's red cells and replaces them by inagglutinable (Rh-negative) blood cells, this treatment instituted immediately after birth will prevent the onset